

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Friday, January 09, 2015 12:15 PM  
**To:** Constantine Kolouas; Chris Aquino  
**Subject:** 2015 Annual Report - WMATC No: 1506, Carrier Name: L'Arche, Inc.  
**Attachments:** 54b00caa5379d-larche van list for WMATC.docx

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### Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

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#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 1506

**Name of Carrier (as shown on certificate of authority):** L'Arche, Inc.

**Trade Name:**

**Principal Place of Business**

**Street Address:** 1840 Columbia Road, NW

**Apt./Suite:** 301

**City:** Washington

**State:** DC

**Zip:** 20009

**Mailing Address (if different from street address)**

**Street:**

**Zip:**

**E-mail:** [donkelly@larche-gwdc.org](mailto:donkelly@larche-gwdc.org)

**Maryland PSC No.:**

**E-mail:** [donkelly@larche-gwdc.org](mailto:donkelly@larche-gwdc.org)

**E-mail:**

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

**6. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include **all** required information.

<b>Fleet No.</b>	<b>Year</b>	<b>Make</b>	<b>Vehicle VIN</b>	<b>License Plate</b>	<b>State</b>	<b>Seating Cap.</b>	<b>Wheel Chair</b>

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Don Kelly (for Larche Inc)

**Title:** Director of Contract Compliance

**Date:** 01/09/2015

Van ->	Blue Honda Odyssey Van	Silver Honda Odyssey Van	Red Dodge Caravan HC Van
House	Ontario	Euclid	Ontario
Year	2014	2013	2014
Make	Honda	Honda	Dodge
Model	Odyssey	Odyssey	Modified Grand Caravan
Serial number (VIN)	5FNRL5H45EB126673	5FNRL5H49DB051555	2C4RDGBG4ER296426
Fleet number	N/A	N/A	N/A
License plate number	B47954	B46395	B47959
State	DC	DC	DC
Seating capacity	8	8	5 plus WC
Wheelchair Accessible?	No	No	Yes

Handicapped Parking Plaques:

12772AA = John Schofield's